

Radiology Compliance Branch

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

ANALYTICAL RADIATION PROTECTION PROGRAM ASSESSMENT TOOL

Facility Name:	Registration #:
Inspector Name:	
The website www.ncradiation.net has Reference Guides For Facilities and additional resources to regarding information contained in this document.	
Date of 1st Review: by	Date of 2nd Review: by

YES	NO	RADIATION PROTECTION PROGRAM	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	ALARA (As Low As Reasonably Achievable): Procedures & engineering controls used to achieve occupational doses & dose to the members of the public may include, but are not limited to, the following [.1603(b)] Are procedures or controls specific to the facility described?	
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Dose Exceeds 100 mrem (Effective date 1/1/14) Details of how individuals are notified if occupational dose exceeds 1 mSv (100 mrem) TEDE or 1 mSv (100 mrem) to any individual organ or tissue [.1004] (effective 1/1/14)	
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Dose Limits Stated [.1604(a)] <input type="checkbox"/> 5 rems (.05 Sv), total effective dose, to the whole body <input type="checkbox"/> 15 rems (0.15 Sv), eye dose equivalent, to the lens of the eye <input type="checkbox"/> 50 rems (.50 Sv) shallow dose equivalent, to the skin and / or any extremity	
<input type="checkbox"/>	<input type="checkbox"/>	Dose Limits to Embryo/Fetus Stated: [.1610] [.1614(1)(c)]	
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Declared Pregnancy Policy [.1610] [.1614(1)(c)] [.1640(f)]	
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring of Occupational Dose [.1614] <input type="checkbox"/> Providing of monitoring badges to operators documented. <input type="checkbox"/> If operators not monitored, is it documented how facility met compliance to regs. <input type="checkbox"/> Frequency of exchanging badges <input type="checkbox"/> Storage of control and personnel <input type="checkbox"/> Is there a description of process of acquiring prior occupational dose for new workers? [.1638(a)(1)&(2)] <input type="checkbox"/> Is the length of time facility is maintaining exposure records identified? [.1640(a)(1)&(g)]	
<input type="checkbox"/>	<input type="checkbox"/>	Open-Beam Radiation Generating Device (RGD) Ring or Wrist personnel monitoring equipment [.0806(b)]	
N/A	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Unit Security [.1622] <input type="checkbox"/> Equipment control measures in place to prevent unauthorized use or device removal from facility's registered physical location.	
<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Exposure Limits <input type="checkbox"/> Is when to report exceeding dose limits described? [.1646][.1647] <input type="checkbox"/> Is how data, on the affected person, reported to both the individual and Radiation Protection outlined. [.1647(b)(c)(d)(e)] [.0111] <input type="checkbox"/> Estimated dose <input type="checkbox"/> Cause of elevated exposure <input type="checkbox"/> Corrective Action <input type="checkbox"/> Name <input type="checkbox"/> Last 4 of SS# and/or Identifier <input type="checkbox"/> Date of Birth	

YES	NO	OPERATING PROCEDURES AND INSTRUCTIONS	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	Operating Requirements [.0805][.0806] <input type="checkbox"/> Written Operating Procedures available to the operator. Operators must receive instruction in the operating and emergency procedures	
<input type="checkbox"/>	<input type="checkbox"/>	Instructions to Worker [.1003] <input type="checkbox"/> Storage, transfer, or use of radiation in the restricted areas <input type="checkbox"/> Health protection problems associated with exposure to radiation <input type="checkbox"/> Precautions or procedures to minimize exposure <input type="checkbox"/> Purposes and functions of all protective devices employed <input type="checkbox"/> Instructed to report promptly to the registrant any condition which may lead to or cause a violation of rules in this Chapter <input type="checkbox"/> Instructed in the appropriate response to warnings in the event of any unusual occurrence or malfunction that may involve exposure to radiation	
<input type="checkbox"/>	<input type="checkbox"/>	Surveys[.1613]; [.1637]; [.0804(b)] Conditions requiring a survey: <input type="checkbox"/> Initial survey <input type="checkbox"/> Survey following change in initial arrangement of equipment. <input type="checkbox"/> Survey following maintenance requiring assembly or removal of a major component.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Devices [.0805] (effective 10/1/15) <input type="checkbox"/> Documented approval by RSO with expiration date <input type="checkbox"/> Process for safety device bypass <input type="checkbox"/> "SAFETY DEVICE NOT WORKING"	
<input type="checkbox"/>	<input type="checkbox"/>	Sign on source housing and control panel during bypassing period Radiation Protection Section's Regulations (Effective date 1/1/15) Previously in the Code under Title 15A, Environment and Natural Resources were changed to Title 10A, Health and Human Services. Rule extension numbers will not be changed, 15A NCAC 11 is now 10A NCAC 15 . Please update any forms or policy statements in facility documents to reflect the change.	
<input type="checkbox"/>	<input type="checkbox"/>	All references to "Radioactive Material", "Source Material", Department of Environmental and Natural Resources (DENR), or "Division" removed Contact information is: Radiation Protection 1645 Mail Service Center Raleigh, NC 27699-1645 919-814-2250	